4-10-95 B-3600C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 10 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H32131** **(5)**

1. Corporation Name

FLORIDA-MASTERTEMP, INC.

Principal Place of Business	Mailing Address
C/O MARK FITZ 1202 WILLOW LANE COCOA FL 32922	C/O MARK FITZ 1202 WILLOW LANE COCOA FL 32922

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1984
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business
21 1732 So. Huntington Lane
22 Suite, Apt. #, etc. C-1
23 City & State: Rockledge FL
24 Zip: 32955-3160 25 Country: U.S.

2a. Mailing Address
26 1732 So. Huntington Ln
27 Suite, Apt. #, etc. Suite C-1
28 City & State: Rockledge FL
29 Zip: 32955-3160 30 Country: U.S.

4. FEI Number: 59-2474845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FITZ, MARK
1202 WILLOW LANE
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name: Mark W. Fitz
82 Street Address (P.O. Box Number is Not Acceptable): 1800 Oak Dr. North
83
84 City: Rockledge FL 85 Zip Code: 32955-3408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☑ Change ☐ Addition
NAME	FITZ, MARK W.	1.2 NAME	
STREET ADDRESS	1202 WILLOW LANE	1.3 STREET ADDRESS	1800 Oak Dr. North
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Rockledge, Fla. 32955-3408
TITLE	PSD	2.1 TITLE	☑ Change ☐ Addition
NAME	FITZ, KIMBERLY G.	2.2 NAME	
STREET ADDRESS	1202 WILLOW LANE	2.3 STREET ADDRESS	1800 Oak Drive North
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	Rockledge, Fla. 32955-3408
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kimberly G. Fitz (Pres.) Kimberly G. Fitz 2/25/95 407-639-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420100 FP